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## APPLICANTS

R. David Fletcher, White Rock, CANADA;

Yunquan Chen, Delta, CANADA;

\*\* CONTINUING DATA \*\*\*\*\*

NDNE A.R.

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NDNE A.R.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>Chen</i> Initials <i>A.P.</i>	CANADA	10	32	1

## ADDRESS

AIR MAIL

000720  
 OYEN, WIGGS, GREEN & MUTALA LLP  
 480 - THE STATION  
 601 WEST CORDOVA STREET  
 VANCOUVER , BC  
 V6B 1G1  
 CANADA

## TITLE

Flexible heat exchangers for medical cooling and warming applications

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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